MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
ADDITIONALITIES	L
APPLICANT(S)	

			AFTER		AFTER		CLA
	AS FILED		1st AMENDMENT		2nd AMENDMENT		
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FORM **PTO-1360** (REV. 3-78)

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TOTAL IND.	4		il			_1
TOTAL DEP.	57	***				_
TOTAL CLAIMS	61	2 (1 5)		10.5		52.5

*MAY BE'USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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